

‘Big Society’ volunteering in long term care must not substitute for skilled paid staff

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*Volunteer workers could transform the long-term care sector. However, **Shereen Hussein** emphasizes that a greater understanding of the strengths and weakness of a voluntary workforce is needed in order to effectively identify the services it is best equipped to provide. The government should think of volunteers as a complement to professional staff rather than their replacement.*



‘Big Society’ volunteers are valued by the Coalition government as an important part of the future workforce. This is particularly perplexing as one of the main features of volunteering is that it is freely given and therefore not technically a part of the workforce. The new volunteer labour paradigm is being particularly played out in the long term care (LTC) sector, where both shortages and demands for paid workers are high.

Volunteer labour in social care and community support has long been prominent in the care of older people. Within the community care sector, volunteer input has been thought of as an important part of a mixed economy of welfare. Definitions of the role of the volunteer have not been entirely fixed but they have been broadened to span the idea that a volunteer is principally a helper at the side of a trained professional. The assumption is made that if well-trained, volunteers can enhance professional services and may even provide unique services not otherwise available. Capitalizing on the unique contributions of this group of volunteers may enable organisations to expand their activities, whilst having a significant positive effect on volunteers’ well-being. All this seems a virtuous circle.

New emphasis has been placed on maximizing volunteers’ potential. For the coalition government, volunteering is one part of its aspirations to mobilize the Big Society. This is driven to some extent by theories about the benefits of enhancing social capital and civic engagement. Indeed volunteering can range from giving cash or buying a lottery ticket for a good cause, to more active involvement through offering time and expertise. Giving time can potentially enhance social linkages by building or sustaining the virtues of reciprocity and trust deemed so important to social capital. Though it is important to recall, that links between volunteering and enhanced social capital are not always guaranteed, especially when volunteering is not associated with freedom of choice to participate.

Stronger drives for volunteering of course come from budget constraints. In the environment of public sector cuts, the government points to the greater ‘scope’ and opportunity for volunteering to sustain but also to develop support and care. The voluntary sector is somewhat flattered by this new found interest but also concerned that the key parts of volunteering are somehow being lost in this emphasis on volunteers saving the nation.

Given the current financial climate in the UK, it may not be surprising that volunteers in the care sector are seen as a resource that could be further developed. However, research about volunteering in the UK is limited, partly because studies of volunteering do not come under one discipline but cut across a number. [A recent report](#) analyzing the role of volunteers in the formal (registered care providing) sector found just a small prevalence of volunteers – about one percent of the overall workforce. This is more likely to be a reflection of the irregular nature of voluntary help and the possibility that many employers do not see them as part of their ‘formal’ workforce – after all, they don’t pay them.

A significant finding of this research was the important and distinct role volunteers play within formal long-term care. Some job roles, mainly related to providing support, advice and advocacy, are often undertaken by volunteers. Although volunteers in the sector work with a wide range of service users, they are overrepresented in rural areas and also in services aimed at supporting family carers. A tentative finding is that areas with the highest levels of volunteering are also the wealthiest in terms of income and employment scales. This may reflect an 'inverse care law' where volunteering is facilitated in better-off areas. The personal profile of volunteers was different from that of the overall long term care workforce especially in relation to gender and the presence of both younger and older volunteers.

Volunteers, though they may be a large and involved labour force in the long-term care sector, especially in relation to activities such as advocacy and carers' support, should not be thought of as a substitute for paid staff. Volunteers do not often do the work of personal care that is hugely challenging such as toileting, helping with eating, changing pads and medical aids and appliances, cleaning up dirt, or managing difficult behaviour. Policies which encourage volunteer labour need to recognize that care work combines relationship based care with tasks that are hard work. More discussions are needed to see how volunteers can be supported to support care workers as well as care users.

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